

PART B - FEE(S) TRANSMITTAL

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FEB 05 2009	Filed via EFS Web	(Depositor's name)
		(Signature)
	February 5, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,429	12/12/2003	Jean-Christophe Francis Audonnet	454313-3159.1	2595

TITLE OF INVENTION: LIVE RECOMBINED VACCINES INJECTED WITH ADJUVANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/06/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSHER, MARY	1648	424-206100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Dr. Judy Jarecki-Black 2. Merial Limited 3. Thomas Kowalski, Esq.
1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Merial Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Duluth, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies *10*

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *502-354* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name

Date *February 5, 2009*
Registration No. *44,170*

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